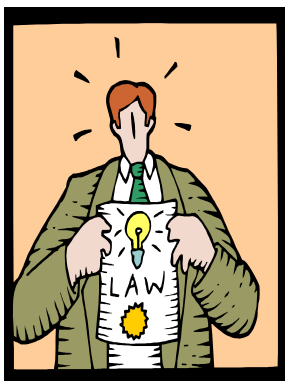


TOE THE LINE — A FOOTNOTE

MARYLAND BOARD OF PODIATRIC MEDICAL EXAMINERS

Legislative Update



New Laws and Regulations

Temporary License Section 16-318

The Board may issue a temporary license to a podiatrist licensed in another state to tempo-

rarily practice or teach podiatry in this State, provided the license issued from the other state has licensing requirements equivalent to those in this State. A temporary license fee will be set in regulation.

PMLexis Examination

The Board will credential candidates for the PMLexis exam even if they are not planning to acquire a license in Maryland. In order to credential candidates the Board requires an application, National Board Examination

Scores parts I and II, an official Podiatry College transcript, an application and a \$50 credentialing fee; the candidate will be vetted by the Board in order to be able to sit for the PMLexis exam in Maryland.

Prescription Drug Survey Act - HB 433

This bill has been enacted for the purpose of requiring all providers to print or type written prescriptions in a legible manner, thereby enabling a pharmacist to accurately fill prescriptions.

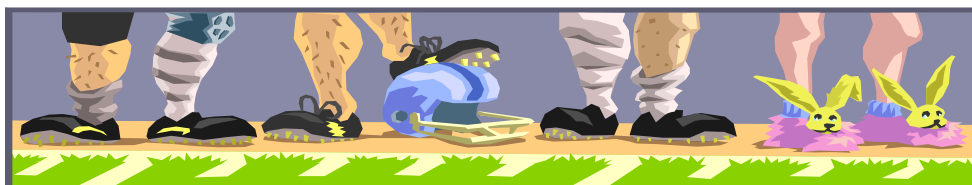
HB 411- Health Insurance— Required Reimbursement- Podiatrists

This bill addresses equitable reimbursement principles for providers such as podiatrists, who are rendering equivalent services to those of the physicians, for procedures which are within the Podiatry Act. The Governor signed into law HB411 on May 26, 2004.

Please review the newly issued **Maryland Podiatry Act, Annotated Code of Maryland, Health Occupations Article, Title 16** and the **COMAR, Title 10 Subtitle 40 Board of Podiatric Medical Examiners** (March 2004) for a complete understanding of all the laws and regulations that govern Maryland podiatrists.

Inside this Issue:

Legislative/ Regulatory Updates	1
Avoiding Patient Abandonment	1
Issues Before the Board	2
"One of 7"	3
Welcome New Podiatrists	3
Medical Ethics Course	3
Upcoming CME Courses	4



Avoiding Patient Abandonment

You find yourself facing the difficult decision to dismiss a patient from your practice. How does one go about doing this? No matter the reason, (non-compliance, rude and unacceptable treatment of you or your staff, disruptive behavior

negatively impacting your staff or other patients, multiple missed appointments, etc.) this article is intended to suggest guidelines for properly ending the doctor-patient relationship.

While you are not obligated to accept any and

all patients, once you have accepted a patient, you are generally obligated to be available, treat or arrange treatment for your patient. A prolonged period of time between patient contact or only a brief one or two usually does not minimize your

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Avoiding Patient Abandonment continued from page 1

responsibilities to that patient. On the other hand, you are not required to provide non emergent care to a patient who refuses to pay for your services.

Either party can initiate the termination. If the patient refuses care and fails to return for completion of their treatment, this should be documented and a certified letter should be sent to the patient stressing the need for follow-up.

If you are the one that is initiating the separation, adequate time must be given to allow the patient to obtain a new practitioner. The notice should be in the form of a letter sent to the patient, preferably certified with a

return receipt requested. Offer to send copies of their medical records to their new physician and include an authorization for release of medical records. You should nevertheless be available to the patient for any needs that arise during the notice period.

Sometimes a change is just what is needed. Not every doctor is "right" for every patient and vice versa. Throughout the process stress your concern for the patient's well-being. Reassure the patient that you will be there for him or her during this transition. Strive to end your relationship with your patient on as positive a note as possible.

Each doctor-patient relationship is unique and the way a termination should be handled may depend on unique circumstances. The above constitutes general advice and should not be deemed a substitute for consulting your malpractice insurance carrier or your attorney before deciding whether and how to terminate a relationship with a patient.

Ira J. Gottlieb, DPM



Wound Care Specialist Certification *vis-à-vis* Scope of Practice

The Board has received numerous inquiries regarding the appropriateness of wound care performed above the ankle.

All practitioners as well as those who have received certification from the American Academy of Wound Management may only practice wound care that is within the Scope of Practice for Maryland podiatrists as defined in Section 16-101 (f). The Board will actively investigate any violation of the Practice Act relating to wound care.

Issues Before The Board

Procedures in an ASC vs. Practice Act Section 16-103 (a)

The Law states that all surgical procedures of the ankle below the level of the dermis, arthrodesis of 2 or more tarsal bones, and complete tarsal osteotomies that are performed by a licensed podiatrist must be performed in a licensed hospital. Consequently, these procedures may not be performed in any ASC whether it be office or hospital based. The Board suggested that those practitioners who are interested in expanding the scope of practice should address the Maryland Podiatric Medical

Association (MPMA) for legislative action on behalf of the profession.

Expungement of Dismissed Charges Section 16-314 (2)

If charges have been filed against a practitioner, and then dismissed, the Board shall expunge all record of the charges 3 years after the charges are dismissed.

Dismissed Complaint

If a complaint has been filed against a practitioner and is dismissed by the Board, the Board does not have the statutory authority to expunge that complaint. The com

plaint, under discovery, cannot be disclosed.

Expert Witness

The Board's policy on serving as an Expert Witness is as follows: "Sitting members of the Board shall not serve as an expert witness in a malpractice case in the state of Maryland."

The Practitioner's guide to the Data Banks

The National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank (HIPDB) collect information on medical malpractice payments, and adverse actions including licensure actions.

At any time, practitioners are entitled to query the HIPDB through the Internet to ascertain if they are the subject of any reports. This is called a "self-query". Practitioners of interest who wish to obtain a report may contact the Board for information for help with the process.



“One of 7”

I have been part of the Maryland Board of Podiatric Medical Examiners for over 7 months and have had my eyes opened to a world that I can not discuss with most of my colleagues or my wife! I was elected by my MPMA peers last year and then appointed by Governor Ehrlich. Once I received the appointment, I found out that the State treats this 4 year appointment differently than I perceived. I did not realize that to become a State Board member you become a quasi State of Maryland employee; with this status come all the responsibilities and requirements that are mandated of a state employee. I recently spent a Friday learning the State rules, “do’s” and “don’ts”,

and about expectations relevant to those serving as Board members. I do not regret the appointment for one minute.

Since coming on the Board, I have learned the following information about investigations: when the Board is requested by the public to act on a complaint, it must do so accordingly. The information must be evaluated for accuracy, thus these investigations take time. Subjective or anecdotal information is not acceptable. Upon completion of the investigation a report is generated. This report is formulated to the specific facts of the complaint which is based on objective findings and merit. The entire Board must vote on a ruling based on the investigative

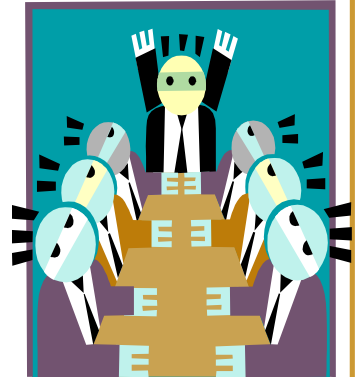
findings; thus a disposition of a complaint is determined.

The State Board’s purpose is to perform two primary tasks. First and foremost, the Board is charged to protect the public. Second, we must protect the integrity of our profession keeping rule number one in mind. There is an enormous weight that is placed on our shoulders and the responsibility is not taken lightly. We have to review the conduct of our colleagues and where necessary, discipline our own. The Board members must show fairness to everyone when tasked with these awesome responsibilities. For those of us serving on the Board we are faced with many challenging cases;

however, we must fulfill our responsibilities to maintain the public’s confidence in us as a profession and as a Board which protects their safety and welfare.

Written by:

David Freedman, DPM



Welcome New Podiatrists

The Board wishes to welcome the following podiatrists to their respective practices in Maryland:

Full Licenses:

Brian Belgin, D.P.M.

Bradley Lamm, D.P.M.

Mukesh Bhakta, D.P.M.



Limited Licenses:

David Gitlin, D.P.M.

John Sekel, D.P.M.

Board Meetings

The Board of Podiatric Medical Examiners meets the second Thursday of each month at the Department of Health and Mental Hygiene, 4201 Patterson Avenue, Baltimore, Maryland, 21215. The Public Session begins at 1:00 pm and is open to the public.

For further information regarding these meetings, or to place an item on the public agenda, please contact the Board office at (410) 764-4785.

Medical Ethics Course

Two times a year, the 2nd Thursday of the month in January and July at 11:00 AM, the Board offers a FREE one hour Medical Ethics Course designed specifically for podiatrists. Topics presented include ethical rules including billing issues; the impaired podiatrist; communicating with the patient and the public; commercial relationships. The course is given at the Board’s office located at 4201 Patterson Ave., Baltimore. All podiatrists are welcome to attend. One CME credit will be given to those licensees who attend.

Maryland Board of Podiatric
Medical Examiners
4201 Patterson Avenue
Baltimore, Maryland 21215
Phone: 410-764-4785
Toll Free Number : 866-253-8461
Fax: 410-358-3083



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www.mbpme.org

Upcoming CME Courses

Date of Course	Title	Sponsor Location	CME Units
7/1—7/4/2004	Summer Conference Series	Podiatry Institute, PICA, Hilton Head	16 CME Units
7/15—7/17/2004	Summer Conference Series	Podiatry Institute Big Sky Montana	15 CME Units
9/10—9/12/2004	Overland Park Seminar	Podiatry Institute Overland Park, Kansas	20 CME Units
9/30—10/3/2004	Update 2004	Podiatry Institute San Diego	25 CME Units
10/15—10/17/2004	Mid-Atlantic Podiatry Conference	Podiatry Institute Washington, D.C.	20 CME Units
10/22—10/24/2004	Annual Philadelphia Conference	Podiatry Institute Philadelphia	20 CME Units
11/4—11/7/2004	Annual Sanibel Seminar	Podiatry Institute Sanibel Island	16 CME Units

**ADDITIONAL COURSES AND THE ASSIGNMENT OF CME CREDITS IS AVAILABLE ON THE
WEBSITE. (<http://www.mbpme.org/cme.html>)**